

Nomination Form Completion Instructions:

1. Whitten, Midlands, Pee Dee or Coastal
2. Calendar year recognition period
3. Full name (first, middle, last)
4. Job Title (as on Position Master Report)
5. Significant Contributions: (be specific and brief) - may continue on blank bond extra page if necessary and attach
6. Last three Overall Performance Ratings: (e.g., E/S/US)
7. Attendance Record over last three years: (e.g., A/A/A)
A = Above the Regional Center Annual Average
B = Below the Regional Center Annual Average
8. Disciplinary Action during past calendar year: ☐Yes ☐No
Disciplinary Action pending: ☐Yes ☐No (Self-explanatory)
Disciplinary Action includes written warning notices and suspensions.
9. Permanent Employment Status: ☐Yes ☐No (Self-explanatory)
10. Attach any news clippings, etc., which support the nomination (e.g., letters of appreciation, civic commendations, etc.)

NOMINATION FORM

DDSN REGIONAL CENTER EMPLOYEE OF THE YEAR

1. DDSN Regional Center: _____
2. Year of Recognition: _____
3. Name of Nominee: _____
4. Job Title: _____
5. Significant Contributions: _____
6. Last Three Overall Performance Ratings: select /select /select
7. Attendance Record: (over last 3 years) select /select /select
8. Disciplinary Action During Past Calendar Year: ☐ Yes ☐ No
Disciplinary Action Pending: ☐ Yes ☐ No
9. Permanent Employment Status: ☐ Yes ☐ No
10. Attach any News Clippings, Civic Commendations and any other information which is supportive of the nomination.

Facility Administrator (Please print): _____

Signature: _____

Telephone/Fax: _____ / _____

Date: _____

E-Mail: _____

EMPLOYEE OF THE YEAR FACT SHEET

This information will be used by the Community Education Office to develop a news release announcing Employee of the Year Winners

Name of DDSN Regional Center: _____

Name of Employee of the Year: _____

Home Address: _____

Job Title/Location: _____

Number Years of State Service: _____

Number Years of DDSN Service: _____

Spouse: _____

Number of Children/Grandchildren: _____

Please list membership in any religious, civic, professional or community organization that the winner wishes to be included in a Press Release. Please also note any offices held therein.

Educational Degrees/Certificates/Special Training: _____

Additional comments from Facility Administrator or other appropriate supervisor or department head:

Name of person completing this form: _____

Daytime Phone Number: _____